

IFBB Education E-Book

THE ANTI-DOPING IN SPORT



INTERNATIONAL FEDERATION
OF BODYBUILDING & FITNESS



Doping, the road to nowhere

Bodybuilding and Fitness are both Sport & Healthy Lifestyle.

Bodybuilding and Fitness principles are based on the combination of proper nutrition and regular weight training; applied to achieve physical athletic excellence. Bodybuilding and Fitness are therefore sports clearly linked with health; being also by themselves among the most effective techniques used in antiaging therapies.

We strongly believe in the close link between sport and health; therefore, we are, by nature, against the use of drugs that can harm the health of athletes, or affect their quality of life and longevity. Doping is a road to nowhere.

The IFBB has conducted doping controls regularly since 1986; when our Founder, the late Ben Weider, introduced it with the cooperation of Special Advisors, such as the late Prof. Dr. Manfred Donike, from the IOC Medical Commission, followed by Prof. Dr. Eduardo de Rose, and other prestigious specialists in this critically important area.



In 1999, I was honored to attend the WADA Foundation Congress in Lausanne, Switzerland, representing the IFBB.

By its principles, the IFBB is strongly committed to the fight against drugs, because:

- Doping is against our principles of healthy lifestyle
- Doping is against the ethics and laws in sport

Doping is not only a problem for sport; it is a problem for society in the XXI Century.

The IFBB is a Signatory to the WADA Code and the IFBB anti-doping rules are in accordance with the 2021 World Anti-Doping Code.

The IFBB has established a fight against the use of doping in different areas.

1. Elaboration and following specific anti-doping control programs, since 1986.
2. Educating the athletes, coaches and National Federations through conferences, informative brochures, and specific courses.
3. Teaching and encouraging our National Federation members to incorporate active anti-doping programs at the national level.

The goal of this document is to provide important guidelines to athletes, officials and National Federations



regarding the most usual concepts applied in the anti-doping procedures, the regulations applied to them, details in the performance of the collection of doping control samples and an encouragement for an active fight against doping.

The purpose is to provide information that can be amplified through the detailed and necessary study of the IFBB Anti- Doping Rules.

We recommend the careful review of this content as a prior step in the study of the IFBB Anti-Doping Code document.

I wish to take this opportunity to thank Mauricio Arruda and to all of the IFBB officials that, through their daily contributions, coordinate and implement our anti-doping programs and serving our mission to promote clean sport and healthy lifestyle.

Yours in sport,

Dr. Rafael Santonja
IFBB President



Introduction

At the IFBB Congress held on November 9, 2003 in Mumbai, India, the IFBB accepted the World Anti- Doping Code (The Code) and on November 12, 2003 the IFBB became an official Signatory to The Code.

The Code is implemented through these IFBB Anti-Doping Rules (The Rules) adopted at the IFBB Congress held on November 27, 2005 in Shanghai, China. These Anti-Doping Rules are adopted and implemented in accordance with the IFBB's responsibilities under the *Code*, and in furtherance of the IFBB's continuing efforts to eradicate doping in sport.

These Anti-Doping Rules-like Competition Rules are sport rules governing the conditions under which sport is played. Athletes and other Persons accept these rules as a condition of participation and shall be bound by them. Aimed at enforcing anti-doping rules in a global and harmonized manner, they are distinct in nature from criminal and civil laws. They are intended to be applied in a manner which respects the principles of proportionality and human rights.

When reviewing the facts and the law of a given case, all courts, arbitral tribunals and other adjudicating bodies should be aware of and respect the distinct nature of these Anti-Doping Rules, which implement the *Code*, and the fact that these rules represent the consensus of a broad spectrum of stakeholders around the world as to what is necessary to protect and ensure fair sport.



As provided in the *Code*, the IFBB shall be responsible for conducting all aspects of *Doping Control*. Any aspect of *Doping Control* or anti-doping *Education* may be delegated by the IFBB to a *Delegated Third Party*, such as the International Testing Agency (ITA), however, the IFBB shall require the *Delegated Third Party* to perform such aspects in compliance with the *Code*, *International Standards*, and these Anti- Doping Rules. The IFBB may delegate its adjudication responsibilities and *Results Management* to the CAS Anti-Doping Division.

Fundamental Rationale for the Code and the IFBB's Anti-Doping Rules

Anti-doping programs are founded on the intrinsic value of sport. This intrinsic value is often referred to as “the spirit of sport”: the ethical pursuit of human excellence through the dedicated perfection of each athlete natural talents.

Anti-doping programs seek to protect the health of Athletes and to provide the opportunity for Athletes to pursue human excellence without the Use of Prohibited Substances and Methods.

Anti-doping programs seek to maintain the integrity of sport in terms of respect for rules, other competitors, fair competition, a level playing field, and the value of clean sport to the world.

The spirit of sport is the celebration of the human spirit, body and mind. It is the essence of Olympism and is reflected in the values we find in and through sport, including:



- Health
- Ethics, fair play and honesty
- Athlete's rights as set forth in the Code
- Excellence in performance
- Character and Education
- Fun and joy
- Teamwork
- Dedication and commitment
- Respect for rules and laws
- Respect for self and other Participants
- Courage
- Community and solidarity

The spirit of sport is expressed in how we play true.

Doping is fundamentally contrary to the spirit of sport.

The IFBB first introduced doping control at the Men's World Championships in Tokyo Japan. In 1987 controls were expanded to include the Women's World Championship and in 1988 the Junior's and Master's World Championships became the final world-level competition to be controlled. By the early 1990's, anti-doping programs were being implemented at the national, regional and continental levels.

Since 1986 the IFBB Anti-Doping program has been supervised by its medical Commission and guided by its Special Advisors: internationally renowned experts in field of doping control like the late Prof. Dr. Manfred Donike (Germany), Chairman of the IOC Doping Commission, and currently, Prof. Dr. Eduardo H. De Rose (Brazil), member of IOC Doping Commission.



In January 1996, a new completely revamped IFBB Anti-Doping Program was implemented worldwide. This program was modeled on the Olympic Movement Anti-Doping Code (OMADC) and doping control procedures employed by the Canadian Centre for Ethics in Sport (CCES), formerly the Canadian Centre for Drug Free Sport (CCDS), a founding member of the Drug Free Sport Consortium (DFSC).

In January 1998, under then IOC President Juan Antonio Samaranch, the IOC granted provisional recognition to the IFBB.

In November 2003, the IFBB became an official Signatory to The Code. In 2004, working closely with WADA, the IFBB Anti-Doping Program was amended to conform to the provisions of the Code.

In July 2005, the IFBB Anti-Doping Program was amended again and renamed the IFBB Anti-Doping Rules. On November 27, 2005, at its Annual General Meeting in Shanghai, China, the IFBB International Congress officially adopted the IFBB Anti-Doping Rules, which took force and effect of January 1, 2006.

On March 4, 2008, WADA officially confirmed that the IFBB Anti-Doping Rules were in full compliance with the Code.

The World Anti-Doping Code (The Code)

The World Anti-Doping Code was first adopted in 2003 and took effect in 2004. It was subsequently amended four



times, the first time effective 1 January 2009, the second time effective 1 January 2015, the third time effective 1 April 2018 (compliance amendments) and the fourth time effective 1 June 2019 (reporting of certain endogenous substances as Atypical Findings). The revised 2021 World Anti-Doping Code is effective as of 1 January 2021.

Purpose, scope and organization of the World Anti-Doping Program and the Code

The purposes of the World Anti-Doping Code and the World Anti-Doping Program which supports it are:

- To protect the Athletes' fundamental right to participate in doping-free sport and thus promote health, fairness and equality for Athletes worldwide, and
- To ensure harmonized, coordinated and effective anti-doping programs at the international and national level with regard to the prevention of doping, including:

Education — to raise awareness, inform, communicate, to instill values, develop life skills and decision-making capability to prevent intentional and unintentional anti-doping rule violations.

Deterrence — to divert potential dopers, through ensuring that robust rules and sanctions are in place and salient for all stakeholders.



Detection — an effective Testing and investigations system not only enhances a deterrent effect, but also is effective in protecting clean Athletes and the spirit of sport by catching those committing anti-doping rule violations, while also helping to disrupt anyone engaged in doping behavior.

Enforcement — to adjudicate and sanction those found to have committed an anti-doping rule violation.

Rule of law — to ensure that all relevant stakeholders have agreed to submit to the Code and the International Standards, and that all measures taken in application of their anti-doping programs respect the Code, the International Standards, and the principles of proportionality and human rights.

The Code

The Code is the fundamental and universal document upon which the World Anti-Doping Program in sport is based. The purpose of the Code is to advance the anti-doping effort through universal harmonization of core anti-doping elements. It is intended to be specific enough to achieve complete harmonization on issues where uniformity is required, yet general enough in other areas to permit flexibility on how agreed-upon anti-doping principles are implemented. The Code has been drafted giving consideration to the principles of proportionality and human rights.



ANTI-DOPING TESTING

Testing

The aim of Testing is to detect and deter doping among Athletes to protect clean Athletes. Any Athlete under the testing jurisdiction of the IFBB may be tested at any time, with no advance notice, in-competition or out-of-competition, and be required to provide a urine and/or blood Sample.

Authority to test

All athletes affiliated with a National Federation of Bodybuilding affiliated to IFBB shall be subject to In-Competition testing by IFBB or any other Anti-Doping Organization responsible for testing at a competition or event in which they participate.

The IFBB can request that a National Anti-Doping Organization, a Regional Anti-Doping Organization, or a private Service Provider to act as a Sample Collection Authority and conduct testing on its behalf. The Sample Collection Authority then assigns certified Sample Collection Personnel to conduct the testing.



Responsibility for IFBB testing

The IFBB is responsible for overseeing all testing conducted by IFBB. Tests will only be conducted by qualified Doping Control Officers who have been authorized by the IFBB.

Selection of athletes to be tested

At International events, the IFBB Anti-Doping Commission shall determine the number of tests to be performed. Athletes can be selected by random selection, by placing or through target test.

The stages of the anti-doping test

- A urine or blood sample can be collected on an athlete anytime and anywhere for doping control;
- The athlete will be notified by a doping control officer (DCO) or chaperone appointed for the doping control;
- The athlete will be asked to sign a form confirming that he/she understands his/her rights and responsibilities;
- The athlete will report to the doping control station as soon as possible;
- The athlete will choose a collection vessel from the selection provided;



- The athlete will provide a minimum amount of 90 ml of urine;
- The athlete will disrobe from knees to navel and from his/her hands to elbow to provide an unobstructed view of the passing of the sample;
- A DCO or chaperone (of the same gender as the athlete) will observe the athlete during the sample production;
- The athlete will choose a sample collection kit from the selection provided. He/she will split the sample in the A and B bottles. Start by pouring urine up to the line in the B bottle and then fill the A bottle and leave a small portion in the collection vessel;
- The athlete must seal the A and B bottles;
- The DCO will measure the specific gravity of the sample to ensure it is not too diluted to analyze. If it is too diluted, the athlete may be required to provide additional samples;
- The athlete will complete the doping control form by:
 - Providing personal information;
 - Noting any substances, he/she may be taking, prescription medication, over the counter medication and supplements;
 - Noting concerns or comments, if he/she has any, about the doping control;
 - Confirming the information, recorded numbers and sample code are correct;



- Signing and receiving his/her copy of the doping control form.
- Samples will be sent to a WADA accredited laboratory in strict confidentiality and will be tracked to ensure their security;
- The A sample will be analyzed and the B sample will be securely stored for further testing if required. The laboratory will send the results to the responsible anti-doping organization (ADO) and WADA.

When can the athlete be tested?

Testing can take place anytime/anywhere, and either in-competition or out-of-competition.

Where does the athlete's sample go?

All urine and/or blood samples are shipped and analyzed at [WADA accredited Laboratories](#); as required under the World Anti-Doping Code.

Registered Testing Pool (RTP)

Registered Testing Pool is the pool of highest-priority athletes established at the international level by IFBB and at the national level by National Anti-Doping Organizations,



who are subject to focused in-competition and out-of-competition testing.

The IFBB maintains a Registered Testing Pool of those athletes who are required to provide up-to-date whereabouts information. Each athlete in the RTP must file reports to the IFBB specifying on a daily basis where and when he or she will be. This has to be done through the WADA's Anti-Doping Administration and Management System (ADAMS).

Who is included?

Very few athletes are in the Registered Testing Pool (RTP), according to the chart below, and need to provide accurate and current whereabouts information. International Federations and National Anti-Doping Organizations are responsible for determining if the athlete is required to provide whereabouts information or not.

Required information for athletes included in a registered pool testing

- Home address;
- Training information and locations;
- Competition schedules;
- Regular personal activities such as work or school.



For those athletes included in a RTP, one 60-minute time period a day, where they will be available for testing, must also be provided. Remembering that all athletes can still be tested anytime and anywhere. However, for RTP athletes, a missed test may be recorded if the athlete is unavailable during the declared 60-minute window.

Adams Administration and Management System

The Anti-Doping Administration & Management System (ADAMS) is a Web-based database management system that simplifies the daily activities of all stakeholders and athletes involved in the anti-doping system.

ADAMS is easy to use, it is also free for WADA's stakeholders allowing them to increase the efficiency and effectiveness of the fight against doping in sport. ADAMS' multi-level access system protects the security and confidentiality of data. It facilitates the sharing of information amongst relevant organizations and promotes efficiency, transparency and effectiveness in all anti-doping activities.

IFBB encourages the use of WADA's ADAMS system of athlete's whereabouts administration. It remains the responsibility of the athlete to provide accurate whereabouts information.



Athlete biological passport

The biological passport is the program and methods of gathering and collecting data as described in the [International Standard for Testing and Investigations](#) and [International Standard for Laboratories](#).

Athlete biological passport is an anti-doping technique introduced by WADA which consists in tracking the athlete's blood parameters over time. The athlete incurs disqualification for doping in the event that abnormal and unjustified trends of these parameters are detected with respect to the typical profile of the athlete.

Those information, including whereabouts shall be maintained in strict confidence at all times; shall be used exclusively for purposes of planning, coordinating or conducting Doping Control, providing information relevant to the Athlete Biological Passport or other analytical results, to support an investigation into a potential anti-doping rule violation, or to support proceedings alleging an anti-doping rule violation; and shall be destroyed after it is no longer relevant for these purposes in accordance with the [International Standard for the Protection of Privacy and Personal Information](#).

Therapeutic Use Exemptions (TUEs)

In some situations, an athlete may have an illness or condition that requires the use of medication listed on the



World Anti-Doping Agency's [Prohibited List](#). IFBB can grant a Therapeutic Use Exemption (TUE) in these situations in compliance with the World Anti-Doping Agency International Standard for TUEs. The TUE application process is thorough and designed to balance the need to provide athletes access to critical medication while protecting the rights of clean athletes to compete on a level playing field.

What are the criteria for granting a TUE?

All of the four following criteria must be met (for more details, please refer to the [International Standard for Therapeutic Use Exemptions \(ISTUE\)](#) Article 4.2):

- The athlete has a clear diagnosed medical condition which requires treatment using a prohibited substance or method;
- The therapeutic use of the substance will not, on the balance of probabilities produce significant enhancement of performance beyond the athlete's normal state of health;
- The prohibited substance or method is an indicated treatment for the medical condition, and there is no reasonable permitted therapeutic alternative;
- The necessity to use that substance or method is not a consequence of the prior use (without a TUE), of a substance or method which was prohibited at the time of use.



Who should apply for a TUE? Where and when to apply?

Athletes who are subject to anti-doping rules would need a TUE to take a prohibited substance or use a prohibited method. You should verify with IFBB to know to whom you need to apply and if you can apply retroactively.

First, check if the required medication or method you intend to take, or use is prohibited as per the [WADA Prohibited List](#). You may also use a 'check your medication' online too or ask your NADO if it has one.

You have a responsibility to inform your physician(s) that you are an Athlete bound to anti-doping rules. You and your physician(s) should check the [Prohibited List](#) for the substance/method you are prescribed. If the substance/method is prohibited, discuss non-prohibited alternatives, if there are none, apply for a TUE. Remember Athletes have the ultimate responsibility. Contact your NADO or IFBB if you are having difficulties.

Then, contact IFBB, by e-mail: headquarters@ifbb.com to determine your competition level and TUE application requirements.

International-level athlete

If it is determined that you are an International-Level Athlete (Athletes holding a valid IFBB International Card), you must



apply to IFBB in advance, as soon as the need arises, unless there are emergency or exceptional circumstances.

For substances prohibited in-competition only, you should apply for a TUE at least 30 days before your next competition, unless one of the exceptions on retroactive TUEs (see below) apply.

If you already have a TUE granted by your National Anti-Doping Organization (NADO):

In such case, please notify IFBB that you have a TUE granted by your NADO.

If your existing TUE does not fall under a category of decision described above, you must submit a request for recognition to IFBB.

Your NADO's TUE is only valid at the national level, and you must submit a request for recognition to IFBB.

If you are NOT an International-Level Athlete and you have been tested by IFBB:

IFBB recognizes a valid TUE granted by your NADO (i.e., it satisfies the ISTUE criteria for granting a TUE); unless you are required to apply for recognition of the TUE because you are competing in an international event.

If you are NOT a National-Level Athlete as defined by your NADO and you have been tested by IFBB:

In this case, you must apply for a retroactive TUE to IFBB.



Can I get a retroactive TUE?

You may only apply retroactively for a TUE to IFBB if:

- You required emergency or urgent treatment of a medical condition.
- There was insufficient time, opportunity or other exceptional circumstances that prevented you from submitting the TUE application, or having it evaluated, before getting tested.
- You are a lower-level athlete who is not under the jurisdiction of IFBB or NADO and were tested.
- You tested positive after using a substance Out-of-Competition that is only prohibited In-Competition (for example glucocorticoids).

In rare and exceptional circumstances and notwithstanding any other provision in the ISTUE, you may apply for and be granted retroactive approval for a therapeutic use of a prohibited substance or method, if considering the purpose of the Code, it would be manifestly unfair not to grant a retroactive TUE.

This unique retroactive TUE will only be granted with the prior approval of WADA (and WADA may in its absolute discretion agree with or reject the IFBB's decision).

Important note:

Using a prohibited substance or method without a TUE could result in an Anti-Doping Rule Violation.



In case an application for a retroactive TUE is necessary following sample collection, you are strongly advised to have a medical file prepared and ready to submit for evaluation.

How to apply to IFBB for a TUE?

IFBB encourages to submit TUE applications via ADAMS, together with the required medical information. If you do not have an ADAMS account yet, please contact, please contact the IFBB to have your account set up.

For technical support please contact the ADAMS Helpdesk:

- North America: 1 866 922 3267
- International: +1 514 904 8800

You can download the [IFBB's TUE Application Form](#) at IFBB Website , and once duly completed and signed, send it together with the required medical file to headquarters@ifbb.com

Your TUE application must be submitted in legible capital letters or typing.

The medical file must include:

- A comprehensive medical history, including documentation from the original diagnosing physician(s) (where possible);
- The results of all examinations, laboratory investigations and imaging studies relevant to the application.



Any TUE application that is not complete or legible will not be dealt with and will be returned for completion and re-submission.

To assist you and your doctor in providing the correct medical documentation, we suggest consulting the WADA's [Checklists for TUE applications](#) for guidance and support, and [Medical Information to Support the Decisions of TUECs](#) for guidance on specific common medical conditions, treatments, substances, etc.

Keep a complete copy of the TUE application form and all medical information submitted in support of your application, and proof that it has been sent.

How to submit a request for recognition of my nado's TUE to IFBB?

Your request for recognition should be submitted to IFBB in writing quoting your ADAMS TUE reference number. Keep a complete copy of the proof that your request for recognition has been sent to IFBB.

The prohibited list

Under the World Anti-Doping Code, the World Anti-Doping Agency (WADA) issues an annual List of Prohibited



Substances and Methods, known as the Prohibited List, which is one of five International Standards.

The Prohibited List outlines substances and methods that are prohibited at all times, in-competition only, and in particular sports.

The substances and methods on the Prohibited List are identified under various categories, including Anabolic Agents, Hormone and Metabolic Modulators, Stimulants, and others.

Since 2004, and as mandated by World Anti-Doping Code, WADA has published an annual List of Prohibited Substances and Methods. The List identifies the substances and methods prohibited in- and out-of-competition, and in particular sports.

The List of Prohibited Substances and Methods comes into effect on January 1st of each year and is published by WADA three months prior to coming into force; however, in exceptional circumstances, a substance or method may be added to the Prohibited List at any time.

The Prohibited List is reviewed annually in consultation with scientific, medical and anti-doping experts to ensure it reflects current medical and scientific evidence and doping practices.

Under the IFBB Anti-Doping Rules, it is each athlete or other persons responsibility for knowing what constitutes an anti-doping rule violation and the substances and methods which have been included on the Prohibited List.

Therefore, it is essential that all athletes or other persons review carefully the Prohibited List, particularly in cases where they intend to use supplements or medication.



How does a substance or method make it to the prohibited list?

The WADA Prohibited List may include any substance and methods that satisfy any two of the following three criteria:

1. It has the potential to enhance or enhances sport performance;
2. It represents an actual or potential health risk to the Athlete;
3. It violates the spirit of sport (this definition is outlined in the Code).

Substances or methods which mask the effect or detection of prohibited substances are also prohibited. In addition, a substance which has not been approved for human use is likely to be prohibited as well.

How are substances named and categorised on the prohibited list?

WADA names substances according to the following convention:



- For substances that have been given an International Non-proprietary Name (INN), as published by the World Health Organization, this name is used first.

Only when the commonly-used name of a substance is better known than the INN, this commonly-used name appear in parenthesis.

- When the INN is not known, the International Union of Pure and Applied Chemistry (IUPAC) nomenclature is used, accompanied in some cases by the commonly-used name. As INNs are generated, the Prohibited List evolves with the addition of the INN and if deemed beneficial, the previous IUPAC name may be still included for a period of time.

Common examples of substances and methods are provided in all sections but these examples are not exhaustive.

Prohibited in-competition

Subject to a different period having been approved by WADA for a given sport, the In-Competition period shall in principle be the period commencing just before midnight (at 11:59 p.m.) on the day before a Competition in which the Athlete is scheduled to participate until the end of the Competition and the Sample collection process.



Prohibited at all times

This means that the substance or method is prohibited In- and Out-of-Competition as defined in the Code. All prohibited substances in this class are Specified Substances.

Any pharmacological substance which is not addressed by any of the subsequent sections of the List and with no current approval by any governmental regulatory health authority for human therapeutic use (drugs under pre-clinical or clinical development or discontinued, designer drugs, substances approved only for veterinary use) is prohibited at all times.

Q&A regarding the prohibited list

1. What is the status of platelet derived preparations (PRP)?

Platelet derived preparations (PRP) are not prohibited. Despite the presence of some growth factors, platelet-derived preparations were removed from the Prohibited List as recent studies on PRP do not demonstrate any performance enhancement beyond a potential therapeutic effect.

Note that individual growth factors from any other source remain prohibited under S.2.



2. Is plasmapheresis prohibited?

The status of plasmapheresis is different for plasma donors and recipients:

- For the plasma donor, plasmapheresis is prohibited under section M1.1 because the donor's own red blood cells (and other blood components) are being reintroduced back into their own circulatory system after the plasma or blood components have been separated outside of the person's body.
- For the plasma recipient, who is receiving plasma from a different donor, plasmapheresis is not prohibited under M1.1 or M1.3 as the patient receives only plasma, but not whole blood or red blood cells. For the plasma recipient, plasmapheresis would only be prohibited under M2.2 if it is not legitimately received in the course of hospital treatment when the volume is more than 100 mL per 12 hour period.

3. Is intravenous laser therapy prohibited?

Intravenous laser therapy is prohibited under M1.3 as defined by "Any form of intravascular manipulation of blood..."

4. What is the status of methylhexaneamine (MHA)?

MHA is known by many different names, including, but not limited to, dimethylamylamine, 1,3-dimethylamylamine, dimethylpentylamine, methylhexamine, methylhexanamine, 1,3-dimethylpentylamine. It is prohibited In-Competition only as a specified stimulant under Section 6.b.



MHA is a stimulant that was sold as a medicine up to the early 1970s, but is no longer used for medical treatment. MHA is currently included as a constituent of some dietary supplements sold today, including via the Internet.

5. What is the status of clenbuterol?

Clenbuterol is an anabolic agent that is prohibited at all times (i.e., both in- and out-of-competition). There is no threshold under which this substance is not prohibited.

It is possible that under certain circumstances the presence of a low level of clenbuterol in an athlete sample can be the result of food contamination. In this regard a Stakeholder Notice on Meat Contamination was published by WADA on 1 June 2019 (https://www.wada-ama.org/sites/default/files/resources/files/2019-05-30-meat_contamination_notice_final.pdf). However, each case is different and all aspects and context of the case need to be taken into account during the results management process. According to the World Anti-Doping Code, the athlete has the opportunity to explain how a prohibited substance entered his/her body during the results management and/or the hearing phase of their case.

WADA is working closely with specific countries, International Federations and event organizers to help minimize the risk of meat contamination. Food contamination as a public health issue is primarily a matter for governments to resolve.



6. What is a ‘specified’ substance or method?

It should be clear that all substances or methods on the Prohibited List are prohibited. The sub-classification into “Specified” or “Non-Specified” are important only in the sanctioning process.

A “Specified Substance or Method” is that which potentially allows, under defined conditions, for a greater reduction of a sanction when an athlete tests positive for that particular substance.

The purpose of the sub-classifications of “Specified” or “Non-Specified” on the Prohibited List is to recognize that it is possible for a substance to enter an athlete’s body inadvertently, and therefore allow a tribunal more flexibility when making a sanctioning decision.

As of 1 January 2021, M2.2 (Intravenous infusions and/or injections of more than a total of 100 mL per 12-hour period) have now been classified as a “Specified Method” based on the newly introduced Article 4.2.2 in the 2021 Code, that makes it possible to identify a Prohibited Method as “Specified”. This means that the athlete may receive a reduced sanction if it can be proven that this method was not used for doping purposes.

“Specified” substances or methods are not necessarily less effective doping agents than “Non-Specified” ones, nor do they relieve athletes of the strict liability rule that makes them responsible for all substances that enter their body.



7. What is the status of colostrum?

Colostrum is not specifically prohibited, however it contains certain quantities of IGF-1 and other growth factors which are prohibited and may influence the outcome of anti-doping tests. Therefore, WADA does not recommend the ingestion of this product.

8. Is dialysis a prohibited method?

Dialysis (also known as hemodialysis) is a medical treatment for patients with kidney failure. Dialysis is a prohibited method under M1.1, as blood is taken out from the patient and filtered, before being reintroduced back into the patient's circulatory system. An athlete needing dialysis treatment requires a Therapeutic Use Exemption.

9. How are substances named and categorised on the prohibited list?

WADA names substances according to the following convention:

- For substances that have been given an International Non-proprietary Name (INN), as published by the World Health Organization, this name is used first.
- Only when the commonly-used name of a substance is better known than the INN, this commonly-used name appears in parenthesis.



- When the INN is not known, the International Union of Pure and Applied Chemistry (IUPAC) nomenclature is used, accompanied in some cases by the commonly-used name. As INNs are generated, the Prohibited List evolves with the addition of the INN and if deemed beneficial, the previous IUPAC name may be still included for a period of time.
- Common examples of substances and methods are provided in all sections but these examples are not exhaustive.

10. What is the status of mannitol used by inhalation?

Mannitol by inhalation is permitted e.g. to perform bronchial provocation testing in asthma.

Mannitol is only prohibited when administered intravenously.

11. Are eye drops containing brinzolamide or dorzolamide prohibited?

Carbonic anhydrase inhibitors dorzolamide and brinzolamide, when administered topically in the eye, are not prohibited. The rationale behind this exception is these drugs do not have a diuretic effect when topically applied.

12. What is the status of eye drops containing beta-blockers?

Eye drops containing beta-blockers are prohibited in particular sports under section P1 because the ophthalmic administration



of beta-blockers results in systemic concentrations of the drugs similar to when the medication is taken orally.

13. What is the status of intravenous injections or infusions as part of a medical procedure?

Intravenous infusions or injections are not prohibited if they are legitimately received in the course of a hospital treatment, surgical procedure or clinical investigation or if they do not exceed 100 mL per 12 hour period. Otherwise they require a Therapeutic Use Exemption.

14. Why are intravenous injections or infusions prohibited?

The intent of section M2.2 is to prohibit hemodilution, overhydration and the administration of prohibited substances by means of intravenous infusion. An intravenous infusion is defined as the delivery of fluids through a vein using a needle or similar device.

The legitimate medical uses of intravenous infusions may not need a Therapeutic Use Exemption in certain settings (hospital treatment, surgical procedures or clinical investigations). In other situations, such as trauma with or without blood loss, severe dehydration, intractable vomiting, the athlete should receive appropriate treatment and apply for a retroactive Therapeutic Use Exemption as soon as reasonable.

Injections with a simple syringe are not prohibited as a method if the injected substance is not prohibited and if the volume does not exceed 100 mL every 12 hours.



15. Why is pseudoephedrine prohibited at certain concentrations?

Pseudoephedrine is a specified stimulant prohibited In-Competition only at a urinary threshold of 150 µg/mL. This decision was based on the results of controlled excretion studies as well as scientific literature indicating that only high doses of pseudoephedrine improved sports performance.

Given the wide availability of pseudoephedrine, particularly as a component of multi-ingredient cold and influenza treatments, athletes and their support personnel should be advised the following.

- Athletes should stop taking Pseudoephedrine-containing medicines at least 24 hours before competition. For therapeutic applications during the In-Competition period, consider the use of alternative permitted medications in consultation with a physician, or apply for a Therapeutic Use Exemption for the use of Pseudoephedrine for therapeutic reasons.
- The established urinary threshold level of 150 µg/mL may be reached (rarely, but possibly) in some individuals within 6-20 hours of taking some long-acting therapeutic formulations.
- The threshold level of 150 µg/mL has been established based on the intake of therapeutic doses of pseudoephedrine, defined as a maximum daily dose of 240 mg pseudoephedrine taken either as:



- four daily oral administrations (one every 4-6 hours) of a 60 mg (or 2 x 30 mg) immediate release preparation (i.e. tablet, capsule or liquid) or
- two daily administrations (one every 12 hours) of a 120 mg extended release preparation
- one daily administration of a 240 mg extended release preparation.

- As an example, a single daily dose of 3 x 60 mg tablets would be a supratherapeutic dose that may lead to an Adverse Analytical Finding.

16. Are all drugs not mentioned on the prohibited list permitted?

The fact that a substance is not on the Prohibited List does not mean that it is not prohibited since most categories only include some common examples and are not exhaustive.

In addition, section S0 (Non-approved substances) includes substances used for doping which are not included in other sections of the Prohibited List that are not approved by any governmental regulatory health authority for human therapeutic use. This includes drugs under pre-clinical or clinical development, discontinued drugs, designer drugs or veterinary drugs. A designer drug is defined as a synthetic analogue of a legally restricted or prohibited drug, devised to circumvent drug laws.

Most prohibited substances fall in one of the S1 to S9 categories. Therefore, only in rare occasions a substance is included in S0 after a case-by-case evaluation.



17. Is catheterization permitted?

Catheterization may be necessary for medical purposes. It is only prohibited if used to tamper or attempt to tamper with the integrity of a sample or sample collection.

18. What is the difference between a “delivered” vs “metered” dose from my asthma inhaler?

For beta-2-agonists, given by ANY device, the amount of drug can be expressed in two ways:

1. Metered Dose – the quantity of drug substance contained in the delivery device (inhaler)
2. Delivered dose – the amount of drug that is available to the lungs; delivered from the mouthpiece of the inhalation device.

The Prohibited List refers to the delivered dose for formoterol and the metered dose for salbutamol, salmeterol and vilanterol to reflect the most common labelling practices around the world.

The labelling convention of asthma inhalers may vary between countries – to determine the delivered dose of a product in a particular country, read the accompanying medical literature and labelling of the inhalation device you are using. Note that there are many different types of inhalers; a Metered Dose Inhaler (MDI), i.e. a “puffer” is one type. Other delivery devices include, but are not limited to: Diskus, Turbuhalers, Ellipta, Aerolizer, Genuair.



19. What is the status of vitamin B12, as it contains cobalt?

Vitamin B12 (cyanocobalamin) is not prohibited because the cobalt present does not have the same effects as elemental cobalt or cobalt salts. In addition, the amount of cobalt that is naturally contained in food is not significant and would not be enough to act as a doping agent. However, if a dietary supplement includes cobalt, for example inorganic cobalt or cobalt salts, then it would be considered prohibited.

20. Are hypoxic chambers permitted?

Hypoxic chambers artificially induce hypoxic conditions. Their use is not prohibited by WADA, however some sporting authorities ban the use of hypoxic chambers during competitions under their sport rules. Athletes must check the rules that apply to hypoxic chambers with the sporting authorities governing the events they compete in.

21. What is the status of higenamine?

Higenamine is prohibited under S3 as a non-selective beta-2-agonist. Higenamine is documented to be a constituent of the plant *Tinospora crispa*, which can be found in some dietary supplements.

22. What is the status of supplemental oxygen?

Supplemental oxygen administered by inhalation, but not intravenously, is permitted. However, some sports authorities may prohibit its use in their regulations. Athletes



must check the rules that apply to supplemental oxygen use with the sporting authorities governing the events they compete in.

23. Can I test positive for phenylethylamine through food consumption?

Regular food consumption will not yield sufficient levels of phenylethylamine to result in an Adverse Analytical Finding.

24. What is the status of stem cell treatment?

Non-transformed stem cells used alone (with no growth factor or other hormones added) for healing injuries are not prohibited as long as they return the functioning of the affected area to normal and do not enhance it.

25. What is gene editing?

Gene editing is a type of genetic engineering in which DNA is manipulated at specific sites. Gene editing technology has advanced impressively in recent years and is a promising gene therapy technique for the treatment of, for example, genetic diseases or cancer; at this point only a few early stage clinical trials are taking place worldwide. This has prompted WADA to evaluate possible misuses of gene editing for doping and as a consequence, has included these technologies in the definition of Gene Doping in the 2018 Prohibited List. Despite sensational and scientifically unfounded claims occasionally seen in the media, WADA is not presently aware of any athletes who are gene doping.



Nevertheless we want to make it clear that when or if such techniques as gene editing would be used to enhance performance beyond a return to normal function, then it would be prohibited.

26. Why is alcohol no longer prohibited?

Effective 1 January 2018, and after careful consideration and extensive consultation, Alcohol is excluded from the Prohibited List. The intent of this change is not to compromise the integrity or safety of any sport where alcohol use is a concern, but rather to endorse a different means of enforcing bans on alcohol use in these sports. The International Federations (IF) affected by this change were alerted sufficiently in advance in order to amend their rules and to put in place protocols to test for alcohol use and appropriately sanction athletes who do not abide by the rules of their sport. Control of the process will allow IF more flexibility in applying rules or thresholds as they see fit. The National Anti-Doping Organizations are no longer obliged to conduct tests but may assist IF and National Federations where appropriate.

27. What is the status of nebulizers?

Nebulizers are by definition inhalation devices and thus not prohibited as a method. However, the inhalation of salbutamol in doses recommended by the manufacturer is most likely to result in urinary levels of salbutamol exceeding the urinary threshold of 1,000 ng/ml and thus, the use of salbutamol with a nebulizer requires a TUE.



However, a TUE for nebulized salbutamol would be granted only in rare situations, such as a severe acute asthma attack treated in an emergency room setting. In otherwise healthy adults, the use of metered dose inhalers with a spacer has been demonstrated as effective as the nebulized drug in managing acute exacerbations of asthma.

28. What is the status of levosalbutamol (levalbuterol)?

Levosalbutamol (also known as levalbuterol) is prohibited at all times as it is a beta-2-agonist. This drug is different from the regularly prescribed salbutamol. Salbutamol consists of the racemic mixture of the R- and S- enantiomers. Levosalbutamol consists only of the R-enantiomer. Unlike salbutamol, there are no exceptions for the use of levosalbutamol based on any therapeutic dose. A Therapeutic Use Exemption must be applied for and granted before using levosalbutamol.

29. What is the status of arformoterol?

Arformoterol is prohibited at all times as it is a beta-2-agonist. This drug is different to from the regularly prescribed formoterol. Formoterol consists of a racemic mixture of R- and S- enantiomers. Arformoterol consists only of the R-enantiomer. Unlike formoterol, there are no exceptions for the use of arformoterol based on any therapeutic dose. A Therapeutic Use Exemption must be applied for and granted before using arformoterol.



30. What are substances of abuse?

During the extensive two-year review process for the 2021 version of the Code, WADA received considerable stakeholder feedback related to drugs of abuse where it was felt that the use of some substances included in the Prohibited List was often unrelated to sport practice. Accordingly, Article 4.2.3 of was added to the 2021 Code defining Substances of Abuse as those "Prohibited Substances which are specifically identified as Substances of Abuse on the Prohibited List because they are frequently abused in society outside of the context of sport.". In this context, cocaine, diamorphine (heroin), methylenedioxymethamphetamine (MDMA/"ecstasy") and tetrahydrocannabinol (THC) are designated as Substances of Abuse.

These 4 substances are prohibited in competition but sometimes their use out-of-competition can be detected in-competition and lead to an Adverse Analytical Finding. If the athlete can demonstrate that the use of any of these four substances was out-of-competition and unrelated to sport performance the suspension will be three months and may be reduced to one month if the athlete completes an addiction treatment program. It is very important to note that these substances of abuse remain prohibited and athletes can still be given sanctions up to four years for presence of a substance of abuse if they cannot establish that its use was out-of-competition and unrelated to sport.

Other substances are currently under review and may be designated as Substances of Abuse in the future.



Dietary and nutritional supplements

1. Are dietary/nutritional supplements safe to take?

Extreme caution is recommended regarding dietary/nutritional supplement use.

The use of dietary supplements by athletes is a serious concern because in many countries the manufacturing and labeling of supplements do not follow strict rules, which may lead to a supplement containing an undeclared substance that is prohibited under anti-doping regulations. A significant number of positive tests have been attributed to the misuse of supplements and attributing an Adverse Analytical Finding to a poorly labeled dietary supplement is not an adequate defense in a doping hearing.

The risks of taking supplements should be weighed against the potential benefit that may be obtained, and athletes must appreciate the negative consequences of an Anti-Doping Rule Violation as a result of taking a contaminated supplement.

Use of supplement products that have been subjected to one of the available quality assurance schemes can help to reduce, but not eliminate, the risk of an inadvertent doping infringement.

2. Can a dietary/nutritional supplement company have their supplements tested by WADA?

The World Anti-Doping Agency (WADA) is not involved in the testing of dietary/nutritional supplements.



The Laboratory Code of Ethics, in the International Standard for Laboratories (Section 3.3.5 of Annex A), states that WADA-accredited laboratories shall not engage in analyzing commercial material or preparations (e.g. dietary supplements) unless specifically requested by an Anti-Doping Organization as part of a doping case investigation. The Laboratory shall not provide results, documentation or advice that, in any way, suggests endorsement of products or services.

3. Can a supplement company have their products approved by WADA?

WADA is not involved in any certification process regarding supplements and therefore does not certify or endorse manufacturers or their products. WADA does not control the quality or the claims of the supplements industry which may, from time to time, claim that their products have been approved or certified by WADA.

If a company wishes to promote its products to the sport community, it is their responsibility as a manufacturer to ensure that the products do not lead to any anti-doping rule violation. Some third-party testers of supplements exist, and this may reduce the risk of contamination but not eliminate it.

Cannabinoid

1. What is a cannabinoid?

A cannabinoid is a compound produced by the cannabis (marijuana) plant or synthesized as a chemical (synthetic



cannabinoid). Of more than 100 cannabinoids in the plant, delta-9-tetrahydrocannabinol (THC) is the main psychoactive compound, which alters the mind or behavior. Other cannabinoids include cannabidiol (CBD), cannabinol (CBN), and cannabigerol (CBG). Since the mid-2000's, many different synthetic cannabinoids were produced in illegal laboratories and sold as drugs to mimic the effects of THC.

2. Which cannabinoids are prohibited?

All natural and synthetic cannabinoids are prohibited except for cannabidiol (CBD). Cannabis, hashish and marijuana are prohibited. Products, including foods and drinks, containing cannabinoids, are also prohibited. All synthetic cannabinoids that mimic the effects of THC are prohibited.

3. Is cannabidiol (cbd) oil prohibited?

CBD is not prohibited; however, athletes should be aware that some CBD oils and tinctures extracted from cannabis plants, may also contain THC and other cannabinoids that could result in a positive test for a prohibited cannabinoid.

Direct and indirect markers of doping

What's the difference between a direct and indirect marker of doping?

When the laboratory method detects the presence of a prohibited substance (or its metabolites) in the blood or urine



of an athlete, it is known as a direct marker of doping. Indirect markers are biological variables that can be measured and are related to the effect of the prohibited substance without necessarily directly identifying the administered substance or method. Traditionally, detection of doping in sport has relied on direct markers. However, in 2009, the World Anti-Doping Agency approved the Hematological Model of the Athlete Biological Passport (ABP) which relies on measuring indirect markers over time to detect possible doping.

The ABP consists of a Hematological Module and a Steroidal Module. The Hematological Module monitors variables such as hemoglobin, reticulocyte count, hematocrit, and red blood cell count. The objective of measuring these indirect hematological markers is to identify possible Erythropoiesis Stimulating Agents (ESAs) or homologous blood transfusions. The Steroidal Module, which came into effect in 2014, monitors variables such as Testosterone, Epitestosterone, and Androsterone. The objective of measuring these biomarkers is to identify the abuse of exogenous steroids. The Hematological Module and Steroidal Module complement each other and can be used to identify potential athletes for further target testing as well as to assist in the detection of anti-doping rule violations. For both models, other measurements are being researched for addition to the profile in order to make the indirect tests better able to detect abuse of exogenous substances and methods.

When measuring biomarkers, the window of detection can be extended due to a prolonged biological response, so a



whole range of substances may be tackled in an indirect manner.

Substance of abuse

What are substances of abuse?

Under the 2021 Code and Prohibited List, WADA has identified a category of substances called Substances of Abuse, which are substances that are both prohibited in-competition and frequently abused in society outside of sport.

A table top with a bag of heroin, a clear bag of cocaine, a small bag of marijuana, and small, circular white pills. These include:

- Cocaine (S6. Stimulants)
- Heroin (S7. Narcotics)
- MDMA (ecstasy) (S6. Stimulants)
- THC (tetrahydrocannabinol) (S9. Cannabinoids)

The reason for this change is to allow more flexibility in how athletes are sanctioned if the positive test is related to substance abuse, as opposed to an attempt to enhance performance. Athletes will be tested exactly the same way as before, and these substances will still only be tested for in-competition.



Will it still be an anti-doping rule violation to test positive for a substance of abuse?

Yes, athletes may still receive an anti-doping rule violation if they test positive for a prohibited substance in the Substances of Abuse category. The designation of substance of abuse only affects the resolution of the case during the results management process, including the length of the resulting sanction.

How will Substances of Abuse be treated differently in the results management process?

If an athlete tests positive for a substance of abuse during an in-competition test, but the athlete can establish that they used the substance out-of-competition and that their use of the substance was unrelated to sport performance, then the athlete's period of ineligibility will be reduced to three months with no need to further analyze the degree of fault.

Why aren't more things on the Prohibited List considered Substances of Abuse?

The WADA Prohibited List Expert Committee has selected the substances they feel are the highest priority for designation as Substances of Abuse.

Can I get a TUE for a substance of abuse?

It may be possible for athletes to obtain a TUE for the use of cannabinoids if the athlete is able to satisfy strict criteria in the International Standard for Therapeutic Use



Exemptions (ISTUE). The most well-studied medical use of cannabinoids is for the management of chronic pain conditions, predominantly neuropathic pain. Some cannabinoid preparations contain THC, which is designated as a substance of abuse.

Results management

The results management process is designed to protect the rights of clean athletes, preserve the integrity of competition and hold accountable those athletes looking to cheat through the use of dangerous, performance enhancing drugs, while ensuring only those athletes guilty of anti-doping rule violations (ADRV) face sanctions.

Athletes' Anti-Doping Rights Act

On 18 June 2020, WADA published the Athletes' Anti-Doping Rights Act, which was approved by WADA's ExCo during the World Conference. The Act, which was developed by WADA's Athlete Committee in consultation with thousands of athletes and stakeholders worldwide, is based on the 2021 Code and Standards and aims to ensure that athlete rights within anti-doping are clearly set out, accessible, and universally applicable.

One of the purposes of the World Anti-Doping Code (Code) and the World Anti-Doping Program is to protect the athletes'



fundamental right to participate in doping-free sport and thus promote and protect health, fairness and equal opportunity for athletes worldwide.

Making sure that athletes have rights, that athletes are aware of those rights, and can exercise those rights is vital to the success of clean sport. Athlete rights exist throughout the Code and International Standards.

This Act has been drafted after extensive consultation with athletes from around the world and it describes those rights that athletes have identified as particularly important to them. It does not articulate all athlete rights. However, this Act is not a legal document; athletes' legal rights in the context of anti-doping are only those rights that are set forth in the Code and International Standards regardless of how they are described in this Act. In case of conflicting interpretations, the provisions of the Code and International Standards shall prevail in all cases.

This Act is approved by the WADA Executive Committee upon the recommendation of the WADA Athlete Committee. Changes to this Act may be made by recommendation to the WADA Executive Committee from the WADA Athlete Committee.

1. Equality of opportunity

Athletes have the right to equal opportunity in their pursuit of sport to perform at the highest level in both training and competition, free of participation by other athletes who



dope, or athlete support personnel, or other persons or anti-doping organizations that otherwise violate anti-doping rules and requirements. (Code, International Standards)

2. Equitable and fair testing programs

Athletes have the right to equitable and fair testing programs implemented in a manner that ensures that all athletes in all countries are tested in compliance with the Code and International Standards. (Code, International Standard for Testing and Investigations, International Standard for Code Compliance by Signatories)

3. Medical treatment and protection of health rights

Athletes have the right to be free from any pressure that jeopardizes their health, be that physical or emotional, through doping.

Athletes have the right to obtain a therapeutic use exemption (allowing athletes with a medical condition to use a prohibited substance or prohibited method) in accordance with the Code and International Standard for Therapeutic Use Exemptions. (Code Article 4.4)

4. Right to justice

Athletes have the right to justice, including the right to be heard, the right to a fair hearing within a reasonable time by a fair, impartial and operationally independent hearing panel, with a timely reasoned decision specifically including an explanation of the reasons of the decision.



On appeal, an athlete has a right to a fair, impartial, operationally and institutionally independent hearing panel, the right to be represented by counsel at the athlete's own expense and a timely, written, reasoned decision. (Code Articles 8 and 13, International Standard for Results Management).

5. Right to accountability

Athletes have the right that any anti-doping organization that has jurisdiction over them will be accountable for its action or omissions through the applicable compliance systems, and an athlete shall have the ability to report any compliance issue that they believe exists to relevant personnel or to an anti-doping organization. (Code, International Standard for Code Compliance by Signatories).

6. Whistleblower rights

Athletes have the right to access an anonymous or confidential mechanism to report any potential doping behavior by athletes, athlete support personnel, and other persons, or any non-compliance by anti-doping organizations.

Athletes have the right to report potential anti-doping rule violations or non-compliance through a whistleblower mechanism and not be subjected to threats or intimidation designed to discourage them from reporting in good faith, and they have the right not to be retaliated against for providing such evidence or information in good faith. (Code Article 2.11)



7. Right to education

Athletes have the right to receive anti-doping education and information from anti-doping organizations. (Code Article 18, International Standard for Education).

8. Right to data protection

Athletes have the right to the fair, lawful, and secure handling of their personal information by antidoping organizations that collect, use and share it, including the right to be kept informed about its processing, to access a copy of it and to request its deletion once it no longer serves an antidoping purpose. (Code Articles 5.5 and 14.6 and International Standard for the Protection of Privacy and Personal Information)

9. Rights to compensation

An athlete has the right to pursue damages from another athlete or other person whose actions have damaged that athlete by the commission of an anti-doping rule violation. The pursuit of damages shall be in accordance with any laws or regulations in their country outside of the Code. (Code Comment to Article 10.10)

Any prize money that has been recovered by an anti-doping organization from a sanctioned athlete shall, subject to the reasonable efforts of the anti-doping organization, be redistributed to athletes who would have been entitled to it had the forfeiting athlete not competed. (Code Article 10.11).



10. Protected persons rights

Athletes that are defined as protected persons under the Code shall have further protections because of their age or lack of legal capacity, including in the assessment of their fault, and mandatory public disclosure shall not be required. (Code Article 14.3.7)

11. Rights during a sample collection session

When subject to a sample collection session, an athlete has the right to see the identification of the doping control officer, the right to ask for additional information about the sample collection process, the right to be informed of the authority under which the sample collection is to be conducted, the type of sample collection and any conditions that need to be adhered to prior to the sample collection, the right to hydrate (unless they have provided a sample that does not meet the requirement for suitable specific gravity for analysis), the right to be accompanied by a representative, the right to delay reporting to the doping control station for valid reasons, the right to be informed of their rights and responsibilities, the right to document any concerns about the process, and the right to receive a copy of the records of the sample collection session. (International Standard for Testing and Investigations).

12. Right to B sample analysis

An athlete has the right, when analysis of their A sample results in an adverse analytical finding, to request analysis of their B sample as provided in the Code and International Standards.



(Code Articles 2.1.2, 6.7 and 7.2, International Standard for Results Management, International Standard for Laboratories).

Where the B sample analysis does not confirm the A sample finding, the athlete who was provisionally suspended is allowed, where circumstances permit, to participate in subsequent competitions during the event, and depending upon the relevant rules of the international federation in a team sport, if the team is still in competition, the athlete may be able to take part in future competitions. (Code Article 7.2 and 7.4.5 and International Standard for Results Management).

13. Other rights and freedoms not affected

An existing right or freedom shall not be held to be abrogated or restricted by reason only that the right or freedom is not included in this Act or is included only in part.

14. Application and standing

Nothing in this Act shall change in any way the application of the Code or International Standards, or the standing of athletes under those documents.

Athlete responsibilities and failures to comply with sample collection

Athletes play a critical role in the anti-doping process by taking steps and following rules that uphold clean sport, from



checking medications, to filing Whereabouts, to complying with sample collection procedures.

Not taking these responsibilities seriously may lead to obvious anti-doping rule violations, such as a positive test or Whereabouts Failure, but it's important for athletes to remember that failing to comply with sample collection procedures can also lead to violations with just as serious consequences.

Here's what athletes and their support personnel need to know about their responsibilities during sample collection, what behaviors may be considered failures to comply, and the consequences for such violations:

Athlete Responsibilities During Sample Collection

While athletes have many rights during the sample collection process, they also have responsibilities under the International Standard for Testing and Investigations (ISTI). During sample collection, athletes are **RESPONSIBLE** for:

- Complying with the sample collection procedures and instructions from ALL sample collection personnel;
- Reporting immediately to the doping control station unless there are approved reasons for delay;
- Presenting government issued photo identification at the time of notification;
- Staying in direct observation of the DCO or notifying chaperone from the time of notification until the sample collection session is complete;



- Keeping the collection vessel in their possession and in view of the DCO at all times
- Having control of the sample until it is sealed in the sample collection bottles (the DCO may assist upon request);
- Ensuring the sample code number is correctly documented on the sample collection documentation;
- Completing and signing all appropriate sample collection documentation.

It's especially important for athletes to remember that under the World Anti-Doping Code (the Code), they may be required to provide a sample at any time and at any place. It is an athlete's responsibility to be available for testing and comply with the relevant rules.

If athletes have concerns or experience difficulty complying with these responsibilities during a sample collection session, they should ask to speak with an IFBB staff member immediately.

Failures to Comply with Sample Collection

The Code defines several violations that may result if athletes fail to uphold their responsibilities and comply with sample collection protocols. Under the Code, IFBB is obligated to investigate every report of athlete non-compliance from a Doping Control Officer (DCO).

Under section 2.3 of the Code, it is an anti-doping rule violation to evade, refuse, or fail to submit to sample



collection after the athlete is notified that they have been selected for testing.

Examples of these violations include:

- Refusing a test because it doesn't fall within the athlete's designated 60-minute window, or because it is earlier or later in the day than the athlete would prefer. Athletes may be tested at any time and location, even if it's outside of their preferred 60-minute window.
- Failing to provide a sample and leaving the sight of a DCO/chaperone due to another commitment, such as practice, work, or school. If reasonable, the DCO should accompany the athlete until they are available to provide a sample.
- Evading sample collection personnel by making it hard for them to notify the athlete and/or keep the athlete in view.

Under section 2.5 of the Code, it is a violation to tamper or attempt to tamper with any part of the doping control process.

Examples of tampering violations, which are separate from prohibited methods, include:

- Intentionally interfering with a DCO or doping control protocol, such as discarding a partial sample, refusing to complete paperwork, and/or manipulating the process/paperwork.



- Providing fraudulent receipts, medical statements, or other documents to an anti-doping organization
- Intimidating a potential witness who has information that's critical to an IFBB investigation.

It is also unacceptable for athletes to verbally abuse, threaten, or otherwise mistreat a DCO. IFBB will report this behavior to Disciplinary Commission to address under its disciplinary rules.

These rules and consequences may apply to athlete support personnel (i.e., coach, parent, agent, etc.). Interfering with the doping control process and/or encouraging the athlete to evade, refuse, and fail to comply with any part of the process could put the athlete's future in jeopardy and result in an anti-doping rule violation for support personnel and the athlete.

Consequences for Failures to Comply

Failure to comply with the doping control process may subject athletes to a four-year suspension and other consequences, including but not limited to, loss of competitive results, access to facilities and funding, and a public announcement of the violation.

An athlete's period of ineligibility for a failure to comply may be reduced based on the circumstances of the matter.

Options for Athletes

If an athlete has concerns during a testing session, there are a few things they can do to feel more comfortable about complying with the test:



- Ask to see the DCO's credentials and the letter of authority for testing.
- Ask the DCO to go slowly and review the process.
- Ask to speak with an IFBB Anti-doping Commission member.
- Communicate and document your concerns with the DCO to IFBB.

Questions & answers about anti-doping

1 Question: I am ultimately responsible for what I swallow, inject or apply to my body.

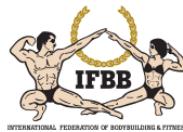
Answer: True

Explanation: All athletes need to be proactive in asking questions so they don't jeopardize their sporting careers. If you have a question - ASK! If you cannot be 100% sure of the ingredients or don't know the status of a substance – DON'T TAKE IT!

2 Question: Only athletes competing at the Olympics, Paralympics and World Championships are subject to doping control.

Answer: False

Explanation: Many countries and international federations have anti-doping programs. This means that if you are



part of a national team, you may be tested either during a competition or outside competition at your home or training venue.

3 Question: WADA stands for: World Anti-Doping Administration, World Anti-Doping Agency?

Answer: World Anti-Doping Agency

Explanation: The mission of World Anti-Doping Agency (WADA) is to promote, coordinate and monitor at the international level the fight against doping in sport in all forms.

4 Question: If a medication is okay to use in my home country, I can safely use the same brand purchased overseas.

Answer: False

Explanation: Some medications have slightly different ingredients when bought in different countries. In some cases, these could be prohibited substances. You must check the ingredients carefully and seek advice from your doctor, if you are unsure.

5 Question: The maximum number of times an athlete can be tested each year is?

- a. 2
- b. 5
- c. 20
- d. Unlimited



Answer: d. Unlimited

Explanation: There is no limit to the number of times an athlete can be tested each year including in-competition, out of competition, random and target testing.

6 Question: Analysis of urine for detection of prohibited substances or methods in sport can be performed by ANY laboratory with the necessary equipment?

Answer: False

Explanation: Analysis of urine for detection of prohibited substances or methods in sport is only performed at those laboratories which have met the high standards of WADA and have been granted accredited status.

7 Question: If a nutritional supplement is bought from a pharmacy (over-the-counter), it is definitely permitted in sport.

Answer: False

Explanation: Taking supplements and/or any substance is at your own risk. Many supplements contain prohibited substances. Because the supplement industry is not regulated in many countries, it is important to be completely confident you know what is inside the product. An alternative to using supplements is to adapt your nutritional program.



8 Question: When I am sick, I can be excused for taking ANY medicine to help me get well?

Answer: False

Explanation: If you have a cold, flu or hay fever DO NOT take any medication or substance without first being sure it doesn't contain a prohibited substance. This includes both over-the-counter substances and medication from your doctor. Remember a positive test is a positive test.

9 Question: A coach or doctor assisting or encouraging an athlete to take prohibited substances can be sanctioned if that athlete tests positive?

Answer: True

Explanation: Encouraging or assisting athletes to use prohibited substances or methods is considered a serious doping violation and a sanction will be imposed under the World Anti-Doping Code.

10 Question: Doping Control Officers must inform athletes they will be drug tested a few hours before their arrival?

Answer: False

Explanation: Wherever possible, testing will be no-advance-notice. This means that Doping Control Officers (DCOs) can conduct testing at any time, and in any place. However, it is expected that DCOs will use their discretion so as not to cause unnecessary inconvenience to athletes.



11 Question: Once the sample is collected and sealed and the paperwork is complete, any attempt to open, contaminate or otherwise tamper with the sample will be obvious.

Answer: True

Explanation: An athlete should feel confident that their sample cannot be tampered with. In addition, the laboratory will report any suspicions it has about the integrity of the sample before analysis.

12 Question: An athlete can refuse to submit to doping control if he/she is too busy?

Answer: False

Explanation: Refusing to submit to doping control can carry the same sanction as a positive test. If an athlete refuses to take a test when notified, he/she must provide an explanation for the refusal on the relevant form and inform his/her governing body as soon as possible.

13 Question: When requested, my coach can accompany me to the Doping Control Station?

Answer: True

Explanation: Every athlete has the right to have a representative accompany them to the Doping Control Station.



14 Question: I have to use the sample collection equipment I have chosen, even if I think it might have been tampered with or it looks dirty.

Answer: False

Explanation: You should be given a selection of sealed sample collection equipment to choose from. If you are not happy about the testing kit you originally chose, you should ask for another one and your request may be granted.

15 Question: I should tell my doctor that as an athlete I am subject to doping controls and should not use prohibited substances.

Answer: True

Explanation: It is important that your doctor knows you should be given alternative medications to those on the prohibited list. If this is not possible, you will need to ask for a Therapeutic Use Exemption (TUE) through your International Federation or National Anti-Doping Organization before you can use the medication. Procedures exist to handle emergency cases which your doctor should also be aware of.

16 Question: If you are not able to provide the required amount of urine you will be asked to give a blood test in addition to your urine.

Answer: False



Explanation: If you are unable to provide the required amount of urine, your partial sample will be sealed and recorded, and when ready, you will need to provide further samples until you have the required volume.

17 Question: It is always okay to accept medication from someone you trust, even if you don't know what the medication contains.

Answer: False

Explanation: Athletes should always know what they are putting into their system. Taking medication without knowing what it contains could result in a positive drug test and could also be dangerous to your health.

18 Question: If a Doping Control Officer comes to your home to conduct an out-of-competition test, it is okay for you to leave the room alone to make a cup of coffee?

Answer: False

Explanation: If you need to leave the room, tell the Doping Control Officer who will go with you. It is important that you protect the integrity of your sample by staying in full view of the Doping Control Officer at all times until the test is complete.

19 Question: If I have had an out of competition test already this week, it will be a few weeks before my next test.



Answer: False

Explanation: It may be a few weeks before your next test, or it could be a few days, even hours. There are benefits to conducting more than one test within a short time span since it stops cheats feeling they are 'safe' to continue cheating.

20 Question: If the Doping Control Officer (DCO) does not have any identification, I can refuse to be tested.

Answer: True

Explanation: The DCO must be able to demonstrate that they have the authority to conduct a test, and that they belong to an authorized sample collection authority. If they do not, explain this on the relevant form, sign it, keep your copy and contact your Federation immediately.

21 Question: The person who receives my sample at the laboratory knows who I am.

Answer: False

Explanation: The documentation which accompanies your sample to the laboratory does not reveal your identity. The only information the lab receives is the sport/event/gender/ Federation and the date of the test.

22 Question: The "TUE" program provides athletes the opportunity to request treatment of a serious medical condition by using a prohibited substance. TUE stands for:



Answer: Therapeutic Use Exemption

Explanation: International level athletes should submit their Therapeutic Use Exemption (TUE) request to their International Federation and national level athletes should submit their forms to their National Anti-Doping Agency. TUEs are granted for a specific medication with a defined dosage and for a specific period of time.

23 Question: The Prohibited List identifies what substances and methods are prohibited in-competition and out-of-competition.

Answer: True

Explanation: The Prohibited List is reviewed annually by a panel of international experts and an updated version enters into force on 1 January of each year. All athletes should ensure they are aware of the most up-to-date information related to the List which is available on the WADA Web site - www.wada-ama.org.

24 Question: Even if I am injured and not competing, I still need to submit my whereabouts information to the relevant sporting bodies in case they need to locate me for a drug test.

Answer: True

Explanation: As an athlete, you must submit your whereabouts information even if you are not competing due



to an injury or illness so the anti-doping organization can locate you at any time and at any place.

25 Question: I can be drug tested during a competition, even if I didn't compete.

Answer: True

Explanation: If you are named as a member of a team, you may be included in selection for doping control, whether you actually competed or not.

26 Question: If you test positive for a prohibited substance, you have the right to:

- a. request the B sample be analyzed
- b. attend or to be represented for the opening and analysis of the B sample
- c. request copies of the laboratory documentation package
- d. All of the above

Answer: d. All of the above

Explanation: The World Anti-Doping Code aims to ensure that athletes' rights are respected.

27 Question: How often is the Prohibited List updated?

- a. Once a month
- b. Once a year, at least
- c. Before every Olympic and Paralympic Games
- d. It is never updated



Answer: b. Once a year, at least

Explanation: The Prohibited List is reviewed annually by a panel of international experts and an updated version enters into force on 1 January of each year. All athletes should ensure they are aware of the most up-to-date information related to the List which is available on the WADA Web site – www.wada-ama.org.

28 Question: When I am notified for doping control, do I need to report immediately to the Doping Control Station?

- a. Yes
- b. No – I have one hour
- c. I can report when I am ready
- d. No – I have 24 hours

Answer: a. Yes

Explanation: When you are notified by a Doping Control Officer (DCO) or Chaperone about your selection for doping control, you have to report to the Doping Control Station immediately, unless there are valid reasons for a delay. Even with a valid delay, you MUST remain within direct observation of the DCO and/or Chaperone at all times until the sample has been collected.

29 Question: If I am banned in my sport, I can compete in another sport.

Answer: False



Explanation: If you are sanctioned as a result of committing an Anti-Doping Rule Violation (ADRV), you cannot participate in competitions or activities in any level of sport during your period of ineligibility.

30 Question: If I test positive in my country, I can compete for another country.

Answer: False

Explanation: If you have committed an Anti-Doping Rule Violation (ADRV) in your country, your ADRV record will be recognized by all other Signatories of the World Anti-Doping Code. Therefore, during your period of ineligibility, you will not be able to compete for another country.

31 Question: Can I be found to have committed an Anti-Doping Rule Violation (ADRV) if I consume a supplement that is contaminated with a prohibited substance?

Answer: Yes

Explanation: Under the Strict Liability Principle, an athlete is responsible for any prohibited substance that is found in his/her body. A potential Anti-Doping Rule Violation (ADRV) will occur whether or not you intended to use a prohibited substance or to your level of precaution! Always be careful with any substance, food (especially meat in certain countries), or supplement you are consuming.



32 Question: Who determines whether your application for a Therapeutic Use Exemption (TUE), allowing you to use a prohibited substance for medical necessity, is approved or denied?

- a. A committee of athletes
- b. A group of professionals working for the national/international sports federation
- c. A committee of medical experts
- d. The president of the national or international sports federation

Answer: c. A committee of medical experts

Explanation: After submitting a TUE to your relevant Anti-Doping Organization (IF or NADO and/or Major Event Organization, where applicable), it will have your request appropriately dealt with by a panel of independent physicians called Therapeutic Use Exemption Committee (TUEC). IFBB Its TUECs, is then responsible for granting or declining your application.

33 Question: If I want to respect my sport and be the best athlete I can be, I need to:

- a. Acknowledge that winning is what is most important
- b. Do what I can to get an advantage
- c. Know that a failure means I did something wrong
- d. None of the above

Answer: d. None of the above



Explanation: Hard-work, dedication, and learning from setbacks are essential to become the best athlete of a sport. However, winning at all costs with no respect for health, fellow competitors, or the rules goes against the spirit of sport.

34 Question: Athletes who dope are cheating every athlete's right to compete in clean sport.

Answer: True

Explanation: When an athlete cheats, they take themselves out of the game, stop competing in the spirit of sport, and there is no longer a fair contest. Also, violating anti-doping rules is the same as violating competition rules, which all athletes accept as a condition to participate and compete fairly.

35 Question: Who is authorized to carry out the blood sample collection?

- a. A qualified Blood Collection Officer(BCO)
- b. A qualified Doping Control Officer(DCO)
- c. A qualified Chaperone
- d. All of the above

Answer: a. A qualified Blood Collection Officer(BCO)

Explanation: A Blood Collection Officer (BCO) is an official who is qualified and has been authorized by the Anti-Doping Organization (ADO) to collect a blood sample from an athlete.



36 Question: After I give a sample (blood and/or urine), for how long can it be stored and re-analyzed?

- a. An indefinite period
- b. 10 years
- c. 2 years
- d. It cannot be stored

Answer: b. 10 years

Explanation: All Samples may be stored for up to ten years and re-analyzed at any time during this period, which means previously undetectable substances may be found later on and athletes may be sanctioned and have their results disqualified well beyond the original testing date.

37 Question: A positive test is the only way an athlete can be sanctioned.

Answer: False

Explanation: Presence of a prohibited substance in an athlete's Sample is only 1 of 11 Anti-Doping Rule Violations (ADRVs). Refusing or failing to submit to Sample Collection, Possession of a Prohibited Substance, Complicity, and Prohibited Association are some of the other ADRV's that an athlete can be sanctioned for.

38 Question: I can be sanctioned for associating with a coach, physician or other such support personnel who are serving a period of ineligibility due to an Anti-Doping Rule Violation (ADRV).



Answer: True

Explanation: Prohibited Association is an Anti-Doping Rule Violation (ADRV) that athletes can be sanctioned for.

39 Question: If I know a supplement has been through a quality control process, I can be guaranteed that it does not contain any substances on the prohibited list.

Answer: False

Explanation: There is no way to guarantee that supplements are free of prohibited substances as this industry is not regulated. No organization can guarantee the safety of any dietary supplement or its content. Eating a balanced diet of natural, whole foods is the best way to improve athletic performance.

Q&A - athletes and medications

1. What can i do to avoid a positive test from taking a medication?

Answer: There are two ways for you to obtain medication: either by prescription from your doctor or directly from the shelves of a drugstore or pharmacy.

Anytime you need a prescription, you must remind your doctor that you are an athlete and are subject to anti-doping regulations. Your doctor should ensure that the medication prescribed does not contain any banned substances. If your



doctor is unable to determine this, then the decision should be taken in consultation with your National Anti-Doping Organization (NADO) or with a competent pharmacist.

If you need to take a medication that does not require a prescription (commonly referred to as “over-the-counter”), it is highly recommended that you consult your national NADO or that you show the Prohibited List to the pharmacist and ask for help before you decide on a product.

Another consideration when choosing the right medication, make sure that you take exactly the one that was recommended. Some brand names offer multiple variations of the same product (e.g., non-drowsy, fast-relief, extra-strength, longer-lasting) and with the formula being different for each, there is a real risk that one will contain a prohibited substance while another may not.

The current Prohibited List is always posted on this Web site. Generally, an updated version of the List is published every year in October and comes into effect January 1st of the following year.

2. What if the only medication to treat my medical condition contains a prohibited substance?

Answer: The World Anti-Doping Code (Code) recognizes the right of athletes to the best possible treatment for any medical condition. If you are in need of medication, please contact your International Federation or NADO to find out more about the criteria and procedures to apply for a Therapeutic Use Exemption (TUE). More information on



the TUE process can be found in the Science and Medicine section.

Before applying for a TUE, it is recommended that you consult your doctor to consider possible alternative treatments that do not involve the use of a prohibited substance or method. If such an alternative treatment exists, your TUE request will likely be denied and the whole process can only delay your recovery.

3. What if an emergency arises for which i do not have the time or ability to verify that the medication required is free of banned substances?

Answer: In exceptional circumstances, when an acute life-threatening medical condition requires immediate intervention involving the use of a medication containing a prohibited substance, you and your physician must apply for a TUE immediately after the treatment has been delivered.

However, it is expected that such cases will occur very rarely and TUEs will therefore be granted in emergency situations under close scrutiny.

4. If I get sick and my next competition is scheduled in two weeks from now, how long can it take for medications to be eliminated from my body?

Answer: The amount of time someone's body takes to get rid of all traces of a substance depends on the nature of the substance and quantity taken, the individual's metabolism, the administration method, and on a number of other factors



such as quantity of liquids consumed, interaction with other ingredients in the same medication, or other substances ingested. In essence, there is no general rule and the delay can vary from a few hours to several months.

More importantly, since you are also subject to out-of-competition testing, the fact that you will not compete in the next two weeks does not preclude the possibility of being tested before then.

5. What should i do if i get sick while traveling in a foreign country?

Answer: Medications are usually commercialized under different names in different countries, and even if they have the same brand names, they may have a different composition in order to respect each country's laws on availability of certain substances. In one country, one product may be safe to take from an anti-doping perspective, while in another country the product sold under the same name may contain a prohibited substance.

Before using medications purchased in a foreign country, it is best to consult your team doctor, try to contact the NADO in the country that you are visiting, or contact your own NADO to ask for advice on what to do. As a last resort, you can bring the Prohibited List to a pharmacy and consult the list of ingredients with the pharmacist to ensure that the product you intend to take does not contain prohibited substances.

One way to prevent such situation from occurring is to bring with you, as part of your "travel kit," small doses of



medications from home that you know are safe to use and that you anticipate may be required during your stay abroad (e.g., pain and fever, allergy, common cold, stomach aches, skin infections, etc.). Before bringing any medication into a foreign country or bringing one back home from abroad, it is wise to check whether customs regulations would allow you to do so and ensure that you do not carry a substance that is illegal at your destination.

6. Should I worry about creams, eye drops and other medications which I do not need to swallow?

Answer: You certainly should. Prohibited substances come in different forms and shapes and they may enter your body in different ways: by contact with your skin (creams and ointments), by inhalation (if you breathe in the vapor or mist), by contact with a mucus membrane (eye or ear drops, suppository, etc.).

Any medication applied to your body will likely enter your system to act in the way that is intended (reduce inflammation, relieve pain, kill bacteria, etc.), and will be present in your blood before eventually being eliminated by the kidneys and turn up in your urine.

7. What about homeopathic products and alternative medicine?

Answer: As is the case for nutritional supplements, in some countries homeopathic products, herbal remedies and other alternative medicinal products are not subjected to the same



quality control requirements as pharmaceutical products. Therefore improper labeling, poor manufacturing practices and contamination can cause prohibited substances to be present without the consumer knowing.

Homeopathic products are usually very low in concentration of active substances, however since the label usually does not specify ingredients by chemical substances but rather by origin (name of plant or animal it is extracted from), it is difficult for anyone to determine whether a prohibited substance may be present.

In addition, athletes have to be careful about any home remedies that have found their place in the family tradition or cultural lifestyle. Many such concoctions are derived from herbal products and some prohibited substances do originate from plants. Remember, under the strict liability principle, it does not matter how or why a prohibited substance entered an athlete's body. Athletes are responsible for everything that goes into their body.

8. What can happen to me if my test result is positive because i used medication without knowing that it contained a prohibited substance?

Answer: Under the overarching principle of strict liability in effect under anti-doping regulations, as an athlete, you are ultimately responsible for everything that goes into your body, whether it was recommended, prescribed, or even provided by someone else. If an athlete tests positive, the result is a disqualification, and possible sanction or suspension.



9. Is there a list of medications that do not contain prohibited substances?

Answer: To maintain current information with respect to prohibited substances on all products manufactured by the pharmaceutical industry around the world would require tremendous resources that are not currently at WADA's disposal.

Several tools and publications exist for this purpose. Doctors and pharmacists in some countries have access to an index of pharmaceutical products clearly stating which medications are allowed or not in sports, updated every month or year.

Some NADOs also offer this type of advice, either in the form of a list of permitted medications for common ailments, a substance inquiry hotline or e-mail service, or a consultable database of medications and substances. Contact information for the NADO in your country is available in the Anti-Doping Community and Resources sections of this Web site.

If your country does not have NADO listed on WADA's Website, please consult your national sport federation, National Olympic Committee or a competent health professional in your country to find out what other resources are available.

10. What else is being done to help athletes avoid an inadvertent positive result from using the wrong medication?

Answer: WADA is looking at possible partnerships with pharmaceutical associations that publish indexes of



pharmaceutical products so that physicians prescribing treatment have immediate reference in the index about a medication containing, or not, a substance prohibited under anti-doping regulations.

WADA is also investigating the possibility of a global drug reference database that would contain all pharmaceutical products sold throughout the world and their status with regard to the Prohibited List. Such database would enable athletes to have access to reliable information about the ingredients of any pharmaceutical product, no matter in what part of the world they require to purchase it.

NOTE: Please be advised that this information is subject to change at any time. Always check with IFBB or the National Anti-Doping Organization from your country for the most up-to-date anti-doping regulation.



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